

## Physician/Care Coordinator Communication

Regular, ongoing communication between the physician and care coordinator is essential in implementing a medical home. Ways to achieve this include:

- Planned, weekly meetings (1/2 hour - hour) to review cases
- Easy access by care coordinator to lead physician (consider using a special beeper code)
- Periodic joint assessment of systems issues

**Figure 2**

### EMERGENCY CARE PLAN

It is helpful to have an outline for each child's emergency care. It can cover issues such as presented below. An actual plan will have the level of detail indicated in Figure A.

COVERAGE INSTRUCTIONS FOR A PATIENT WITH CHRONIC PULMONARY DISEASE, GASTROSTOMY, SEIZURES AND VENTRICULOPERITONEAL SHUNT:

1. Indications for Emergency Transport to Hospital
2. Suggested History for Intercurrent Illness in a Child with a VP Shunt & Seizure
3. Potential Problems
  - A. Seizures
  - B. Headache/Fever, (VP shunt) (*see Figure 1 for further detail*)
  - C. Increased Respiratory Rate, Cough
  - D. Potential Complications of Gastrostomy

#### Figure A

##### B. Headache/Fever, (VP shunt)

*Differential Dx:*

a. *Shunt malfunction;*

Last shunt malfunction 2/11/00,

Most notable symptom:

Severe headache.

b. *Sinus infection*

c. *Viral illness*

d. *Migraine*

1. Consider a shunt malfunction (vomiting, lethargy may accompany headache)
2. If neuro exam warrants, or with high suspicion; transfer to ER for CT scan. with + malfunction, consult neurosurgeon. Call in expect to ER: 555-1212 Neurosurgeon on call, Dr. Occipito: 555-1212
3. If sent to ER consider sinus xray. Administer appropriate antibiotics if definitive diagnosis of sinusitis made.

NOTE: MULTIPLE MED ALLERGIES.

4. Note if baseline management of migraine not successful, send patient to hospital.